



**2015/2016 RENEWAL APPLICATION FOR PARTIAL TAX EXEMPTION
FOR REAL PROPERTY OF SENIOR CITIZENS
AND FOR ENHANCED SCHOOL TAX RELIEF (STAR) EXEMPTION
(APPLICATION MUST BE FILED NO LATER THAN MARCH 2, 2015)**

Name _____
Address _____ _____
Tax Map # _____

(____) _____
Phone #

Alt Contact Name

(____) _____
Alt Contact Phone #

1. Since filing your application last year, fully describe in the lines below any changes in the:
- a. title to the property (due to death, addition or deletion of owner);
 - b. legal residence or occupancy of the property (e.g. confinement of owner in hospital or nursing home, divorce, legal separation or abandonment by spouse); or
 - c. use of residence for other than residential purposes (store, office, farm, etc.).
 - d. State whether any children of owners, tenants or leaseholders living on the premises attend public school grades K-12, and, if so, give the name and location of the school or schools. If a child or children attending public school grade K-12 are living on the premises, state whether such child or children were brought into the property in whole or in substantial part for the purpose of attending a particular school within the school district.

☐ Check here if there have been no change in items: **a, b, c** and/or **d** above.

Explanation of changes that have occurred as indicated in Question #1 (attach additional sheets if necessary).

2. Will the owner or resident spouse file a federal or New York State income tax return for 2014?

☐ YES ☐ NO

If YES, **attach a copy of your income tax return**

3a. The income of each owner and spouse of each owner for 2014 must be set forth on the following page, unless an owner is absent from the residence due to divorce, legal separation or abandonment (proof of which must be submitted). Attach additional sheets if necessary. Income does NOT include gifts, inheritances, a return of capital, proceeds of a reverse mortgage (although interest or dividends realized from the investment of such proceeds are income), reparation payments to victims of Nazi persecution, or monies earned through employment in the Federal Foster Grandparent Program. Note that if your income exceeds \$37,399 and is less than \$83,300, your application will be considered for enhanced STAR purposes.

Failure to submit proof of the following with your application is a ground for denial

Name of owner(s)

Source of income

Amount of income

_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of resident spouse(s)
If not owner of property

Source of income

Amount of income

_____	_____	_____
_____	_____	_____
_____	_____	_____

3b. Subtotal of Income of Owner(s) and Spouse(s)

\$ _____ (3b)

3c. Medical and prescription drug expenses

Total from the enclosed Medical Expense Worksheet

\$ _____ (3c)

Total income of owner(s) and spouse(s) [3b. minus 3c.]

\$ _____

4. Certification

I certify that all statements made on this application are true and correct to the best of my belief. I understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years and a fine of not more than \$100.

Signature

(If more than one owner, all must sign)

Marital Status

Date

_____	_____	_____
_____	_____	_____

This worksheet AND ALL PROOF must be submitted with the application

**CANCELLED CHECKS ARE NOT ACCEPTABLE PROOF. ONLY YEAR-END STATEMENTS
ARE ACCEPTABLE. CREDIT WILL ONLY BE GIVEN FOR PATIENT PAYMENTS.**

Only medical and prescription drug (not over the counter) expenses actually paid and not reimbursed may be claimed. Only payments made in 2014 (January 1 – December 31) may be claimed. Please attach copies of **ALL** proof of medical expenses to this worksheet. Failure to document these expenses will be grounds for denial of the medical deduction.

AMOUNT

Secondary Medical Insurance Premiums

A letter from insurance carrier
stating premiums paid in 2014

Medical Expenses

Printout from Doctor(s) OR
final Explanation of Benefits for 2014

Prescription Drugs

Printout(s) from pharmacy
(1/1/14 – 12/31/14)

Prescription Eyeglasses

Receipts showing payment in 2014

Dental Expenses

Statements showing work done,
date of service and amount of payment

Other (please specify)

TOTAL: _____

Signature

Date

Address

Phone #

SENIOR LOW INCOME RENEWAL (RP 467-Rnw)

Instructions

Failure to submit proof of the following with your application is a ground for denial

Please send copies

- ☐ Social Security Statement of Benefits for 2014
- ☐ **Federal and State 2014 Tax Returns**
- ☐ **ALL** 1099's for ALL Accounts
 - Interest, Dividends, Pensions, Annuities, Retirement
- ☐ IRA STATEMENTS
 - **Earnings** (Income, Interest, Dividends, Capital Gains) on your **IRA's** for the year 2014 must be reported. Please submit ALL pages of the end-year statements (IN ADDITION to the 1099) for **ALL** IRA's even if no distribution was taken.
- ☐ Proof of Additional Income: W2, rental, business, alimony, gambling, workers comp, disability, unemployment
- ☐ Proof of Medical Deductions (STATEMENTS not receipts)

Don't forget to sign the application!!

Please return all paperwork to:

Town of Huntington
Assessor's Office
100 Main Street
Huntington, NY 11743

Any questions call 631-351-3226